

Pensacola State College Career Technical Education Student Application

Date Term Piratemail (Prefix Only) Student I.D. Program of Study

I am working towards (check box that applies) Associate of Science Vocational Certificate

Last Name First Name M.I. Birth Date

Ethnicity (optional) Gender Do you have any dependents? Yes No If yes, how many?

Marital Status

- Single
- Separated
- Divorced
- Widowed
- Married
- Married, Spouse Disabled

Name(s) and Age of all minor children:

Current Address

Street Address Street Address Line 2
City State Zip Code
Home Phone Number Cell Phone Number

Employment Status

- Full-Time
- Part-Time
- Not Employed

Secondary Education

- High School
- Received GED
- Less than 12 Years

Postsecondary Education

- A.A. /A.S. Degree
- Baccalaureate Degree
- Master's Degree
- None

Vocational Education

- None
- Some
- Completer

Annual Family Income

- \$0-\$5,000
- \$5,001-\$10,000
- \$10,001-15,000
- \$15,001-20,000
- \$20,001-or more

Income Source

- Employment
- WAGES (Work and Gain Economic Self-Sufficiency)
- Social Security/SSI
- Unemployment
- Alimony
- Other

Do you receive Services from any of Following

- WAGES (Work & Gain Economic Self-Sufficiency)
- Food Stamps
- Escarosa/WIA (Workforce Investment Act)
- Child Support
- WIC (Woman Infants and Children)
- Vocational Rehabilitation
- Pell Grant
- Other

Before you can be set-up for an appointment with a CTE counselor, you must sign up for [employPSCstudents](#) account, and complete an _____ Career Coach

I certify that the above information is true and correct.

Type your student ID # then print completed form.

For Counseling Purposes

Please circle the response that best describes your current situation:

1. My family situation is stable and supportive of my efforts to pursue my education.

YES

NO

UNSURE

If no or unsure please comment:

2. I am able to pay my basic living expenses while in school, i.e. utilities, rent, food, etc....

YES

NO

UNSURE

If no or unsure, describe how you plan to pay for your living expenses while attending school?

3. I plan to continue employment while going to school.

YES

NO

UNSURE

4. I have a medical/special needs condition.

YES

NO

If yes, please describe:

5. I have a condition covered by the Americans with Disabilities Act.

YES

NO will register with Student Resource Center for ADA Services at 484-1637.

If yes, I have or

6. I have been convicted of a felony.

YES

NO

If yes, please describe:

7. How did you hear about CTE Student Resources?

THE INFORMATION PROVIDED ON MY APPLICATION IS TRUE AND CORRECT.

Student Signature:

Date:

Program Specialist: